

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

Mark A. Person

Plaintiff

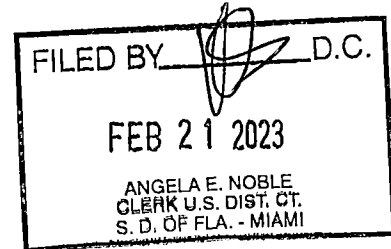
-vs-

The Homestead Housing Authority

Defendant

23-cv-20689-KMW

(Case I.D. Number)



AFFIDAVIT

I, Mark A. Person, of Miami, in Miami-Dade, Florida, MAKE OATH AND SAY THAT:

1. I was place into a shelter when I became homeless due to Covid-19. I worked hard from February 2021 to get out of the shelter. At the time I was at Camillus house.
2. Upon saving \$3,000 to move into my place I applied for housing with my case manager and we submitted the application.
3. On June 9, 2021 I received a letter at the shelter saying that I needed to come in for an interview. I couldn't make it to the appointment because it was already too late.
4. I called The Homestead Housing Authority and informed Kimberly Hahn that I was in the shelter and that I was trying to reschedule the interview for housing as I had only received one notice and that I didn't receive it until after 11:00 am.

5. I was told by Ms. Hahn that she closed my case and it was nothing that she could do. I requested to speak with her manager and was connected to her. I was told they could open back up the application and that it was nothing further to do but apply.
6. I informed them of the process of getting your mail in the shelter and that I had to wait until the mail was given to me. Sometimes the mail just run late and it has to be sorted then transferred to the departments to be ready for pick up. They didn't care.
7. Due to the negligence of the employees of The Homestead Housing Authority I was kicked out of the mainstream housing program. I had to find my own housing, I ended up getting assaulted at the shelter, harassed and ultimately kicked out without housing when my case was closed by my case manager.
8. All the statements made in this complaint is true and factual to the best of my knowledge.

STATE OF FLORIDA

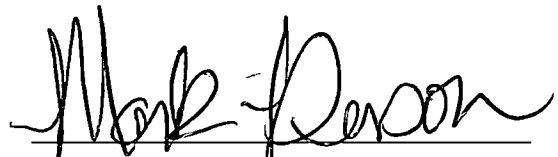
COUNTY OF MIAMI-DADE

SUBSCRIBED AND SWORN TO BEFORE ME,  
by means of \_\_\_ physical presence or \_\_\_ online  
notarization, on the \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_  
(Seal)

NOTARY PUBLIC

My Commission expires:  
\_\_\_\_\_

  
(Signature)

Mark A. Person

9825 NE 2nd Ave  
Suite 531276  
Miami FL 33153



Homestead Housing Authority  
29355 South Federal Highway  
Homestead, FL 33033  
(305) 247-0639 EXT 122/125

05/25/2021

30631

1st Notice ☐ 2nd Notice ☒

Mark A. Person  
1545 NW 7th Ave  
Miami, FL 33136

Dear: Mark A. Person

Thank you for applying to our Mainstream Program. As a Waiting List Applicant, we now require information in order to determine your eligibility to become a participant in the Mainstream Program. Gracias por aplicarse a nuestro Programa de Mainstream. Como un Candidato de Lista de Espera, ahora requerimos la información a fin de determinar su elegibilidad para hacernos un participante en Programa de Mainstream. Mèsi pou aplike nan Program endikap nou an. Kòm yon Aplikan Lis datant, nou kounye a mande pou enfòmasyon yo nan lòd yo detèmine kalifikasyon ou a vin yon patisipan nan Pwogram Mainstream la.

An appointment has been scheduled for **June 9, 2021 at 10:00 am** at Homestead Housing Authority located at 29355 South Federal Highway Homestead, FL 33033. If you arrive more than fifteen (15) minutes late, your appointment will be rescheduled. Una cita se ha programado para el **Junio 9 del 2021 a las 10:00 am** en la autoridad de vivienda Homestead ubicada en 29355 South Federal Highway Homestead, FL 33033. Si usted llega más de 15 quince minutos de retraso, su cita será reprogramada. Yon Randevou a pou le **Ju 9, 2021 nan 10:00 am** Homestead otorite nan okalize nan 29355 disid Federal gran wout Homestead, nan 33033. Si ou rive plis pase kenz (15) minit an reta, Randevou a pou replanifiées.

Please review the attached list of documents that must be provided at the time of the appointment. You will not receive a Housing Choice Voucher at this time. Por favor, revise la lista anexa de los documentos que deben presentarse en la hora de la cita. Usted no recibirá un voucher de vivienda en este momento. Tanpri revize a mete nan anvlòp lis dokiman sa yo dwe bay lè Randevou a. Ou pa resevwa bon chwa kay yon fwa sa a.

Failure to attend the appointment will result in your application being placed in the inactive file. At the time of your appointment please try to leave any minor children with a responsible adult. This session needs your full attention and it is very important that you are not distracted. All adults 18 and over must attend this appointment to sign paperwork. Failure to provide the required documents will require the department to reschedule your appointment and delay the process. Si no se acude a la cita resultará de aplicación en el archivo inactivo. A la hora de su cita por favor intente dejar a cualquier menores de edad con un adulto responsable. Esta sesión requiere toda su atención y es muy importante que no está distraído. Todos los adultos 18 y excedente debe asistir a esta cita para firmar documentos. No proporcionar los documentos requeridos requerirá al Departamento reprogramar cita y demorar el proceso. Fayit pou yo ale nan tout Randevou a rezilta nan ou aplikasyon te plase nan anba dokiman an. Nan moman randevou souple eseye pou yo kite timoun ki poko granmoun ak yon gran-chèf fanmi moun. Seksyon sa a bezwen ou anpil atansyon, li enpòtan anpil ou. pa distraire. Tout granmoun, 18 ak peyi dwe ale nan randevou sa a pou l siyen administratives. Pa bay dokiman yo pral mande pou Depatman pou voye ou randevou ak lakòz ke pwosesis la.

We look forward to seeing you, thank you for your anticipated cooperation. Esperamos verlos, gracias por su anticipada cooperación. Nou gade an navan pou wè nou la a, mèsi pou kolaborasyon w prévu.

Sincerely,  
Kimberly Hahn-FSS Coordinator- [Khahn@hhahousing.org](mailto:Khahn@hhahousing.org)  
Yessenia Sanchez- Admissions Specialist- [ysanchez@hhahousing.org](mailto:ysanchez@hhahousing.org)



**LIST OF DOCUMENTS YOU MUST BRING TO YOUR INTERVIEW/ LISTA DE DOCUMENTOS QUE DEBE TRAER A SU ENTREVISTA/ LIS DOKIMAN OU DWE POTE NAN ENTÈVYOU A**

**(HOUSEHOLD MEMBERS 18 YEARS AND OLDER MUST ATTEND APPOINTMENT/LOS MIEMBROS DEL HOGAR DE 18 AÑOS Y MAYORES DEBEN ASISTIR A LA CITA/MOUN KI RETE NAN KAY LA KI GEN 18 AN AK SA KI PI GRAN DWE VINI NAN RANDEVOU A)**

**PROOF OF INCOME/ COMPROBANTE DE INGRESOS/PRÈV REVNI**

- **Employment:** Last six (6) consecutive pay stubs/ Empleo: Últimos (6) seis talones consecutivos/ Travay: Dènye sis (6) souch chèk len apwe lòt
  - **Self Employment:** Last three (3) years of income tax returns/ Trabajo por su propia cuenta: Últimos tres 3 años de declaraciones de impuestos/ Travay pou pwòp tèt ou: dènye twa (3) zan fòm taks sou revni
  - **Contribution:** Provide a notarized letter from the contributor, must include a copy of their picture ID (contributions include anyone paying for your bills and or giving you money)/ Contribución: Proporcionar una carta notariada del contribuyente, debe incluir una copia de su identificación con foto (contribuciones incluyen cualquier persona pagando sus cuentas y/o que le da dinero)/ Kontribisyon an: Bay yon lèt ak kopi kat didentie ki gen foto moun kap ede a. (kontribisyon gen ladan nenpòt moun ki ede ou peye pou bòdwo ou oswa ki ba ou lajan)
  - **Unemployment:** Provide benefit letter or official wage transcript/ Desempleo: Proporcionar carta o transcripción de salario oficial/ Chomaj: Bay lèt ki montre benefis ou resewa, oswa yon dokiman ofisyèl ki montre salè ou
  - **AFDC:** (Cash Assistance) Bring the most recent approval letter/ AFDC: (Asistencia en efectivo) traer la carta de aprobación más reciente/ AFDC: (Asistans lajan likid) pote lèt ki pi resan an ki montre kantite lajan yo ba ou
  - **Child Support:** Please bring case number/payment stubs or print out from the child support office. If child support is received out of court, please bring a notarized letter from the parent stating how much and how often paid, along with a copy of their picture ID/ Manutención: Por favor traer talones de caso número/pago o imprimir hacia fuera de la oficina de apoyo al niño. Si se recibe manutención fuera de corte, por favor traiga una carta notariada del padre indicando cuánto y cuánto pagan, junto con una copia de su identificación con foto/ Sipò pou timoun, Tanpri pote nimewo ka a/souch peman ou resewa oubyen enprime sa ki soti nan biwo "Child Support" la. Si ou te oblije al nan tribunal pou ou resewa sipò pou timoun yo, tanpri, pote yon lèt ki montre ki kantite lajan ak konbyen fwa yo peye ou, ansanm ak yon kopi kat Didantite ki gen foto yo
  - **Social Security:** Must provide the most recent benefit letter or print out from the Social Security office/ Seguro social: Debe proporcionar la carta de beneficio la más reciente o imprime hacia fuera de la oficina de Seguro Social/ Sekirite sosyal: Tanpri pote lèt ki pi resan ki montre benefisye ou resewa oswa yon dokiman enprime ki soti nan biwo sekirite sosyal
  - **Worker's Comp:** Approval of benefits letter or last (6) consecutive pay stubs/ Comp de los trabajadores: aprobación de la carta de beneficios o los últimos (6) talones de cheques consecutivos/ Comp travayè an: lèt ki montre benefis ou resewa, oswa dènye (6) souch chèk len apwe lòt yo peye ou
- If other income is being received that is not mentioned above please provide proof to your assigned Occupancy Specialist/ Si se recibe otro ingreso que no es mencionado por favor acreditar a sus asignados ocupación especialista/Si ou te resewa lòt revni ki pa mansyone pi wo a tanpri pote prèv pou ou bay espesyalis ki ba ou randevou a**

**ASSETS/ BIENES/BYEN**

- **Bank Statements:** Last 3 months bank statement required for each account/ Estados de cuenta bancarios: Los estados de los últimos 3 meses se requiere para cada cuenta/ Deklarasyon Bank: Dènye 3 deklarasyon labank labank obligatwa pou chak kont
- **401K/Whole Life Insurance/Retirement Pension:** Most recent statement/ 401.k/ seguro de vida/pension de retiro: declaración más reciente/ 401K/ asirans vi/pansyon pou retrèt: dènye deklarasyon

**EXPENSES/ GASTOS/ DEPANS**

- **Child Care:** Letter on letterhead from the school or child care provider stating how much and how often is paid for each child/ Cuidado de niños: Carta en papel con membrete de la escuela o del proveedor de cuidado infantil que indica cuánto y con qué frecuencia se paga por cada niño/ swen pou Timoun: Lèt sou papye antèt ki soti nan lekòl la, nan gadri oswa moun kap okipe ti moun yo epi ki deklare konbyen lajan epi konbyen fwa yo peye pou chak timoun

**OTHER DOCUMENTS TO BRING/ OTROS DOCUMENTOS A TRAER/ LÒT DOKIMAN POU OU POTE**

- **Students 18 years or older** must provide proof of school schedule. (for college proof of 12 credits is needed in order to consider full time status) All schedules must have school name, school address, school phone number and must specify students name/ Los estudiantes de 18 años o más deben proveer prueba del horario escolar. Todos los horarios deben tener el nombre de la escuela, la dirección de la escuela, el número de teléfono de la escuela y deben especificar el nombre de los estudiantes/ Elèv 18 an ou plis dwe bay prèv orè lekòl la. (Pou prèv kolèj, 12 kredi ki nesèse pou yo konsidere yo al lekòl tout jounen) Tout orè dwe gen non lekòl la, adrès lekòl la, nimewo telefòn lekòl la ak dwe presize non elèv yo.
- **Recent utility bills** (electric, water, sewer, trash collection, gas) NO FINAL NOTICES/ Las últimas facturas de servicios públicos (electricidad, agua, alcantarillado, recolección de basura, gas) Nota FINAL NO/Dènye bòdwo pou sèvis piblik yo (elektrik, dlo, dlo ki al nan egou, koleksyon fatra, gaz) nou pa vle bòdwo final
- **Birth certificate/social security cards/resident cards/citizenship certificates:** for all household members/Tarjetas de seguro social Acta de nacimiento/residencia/certificado de la ciudadanía: para todos los miembros del hogar/ Kat sekirite sosyal ak batistè: pou tout moun ki nan kay la
- **Non Expired state ID's** for all adults /Estado no ID 's para todos los adultos/ ID leta ki pa ekspire pou tout granmoun ki nan kay la
- **TAX RETURN PRINT OUT OR NON FILING ALL ADULTS MUST CALL** 1-844-545-5640 and request them. Local office 51 SW first Ave Miami, FL 33130 (305)982-5077 to <<http://www.irs.gov/Individuals/Get-Transcript>>.

**IF ANY OF THESE DOCUMENTS ARE MISSING ON THE DAY OF YOUR APPOINTMENT, YOU WILL BE RESCHEDULED. YOU WILL ONLY GET TWO (2) APPOINTMENTS/ SI FALTARA ALGUNO DE ESTOS DOCUMENTOS EN EL DÍA DE SU CITA, SERÁ REPROGRAMADO. SOLO OBTENDRÁ 2 DOS CITAS/ SI NENPÒT NAN DOKIMAN SA YO MANKE JOU RANDEVOU A, OU PRAL GEN YON LÒT RANDEVOU. OU PRAL SÈLMAN JWENN DE (2) RANDEVOU.**

Welcome to the Homestead Housing Authority interview process. To qualify for the Mainstream Program for Non-Elderly Disabled, one member of the household must be a Non-elderly person with disabilities./Bienvenido al proceso de entrevistas de la Autoridad de Vivienda de Homestead. Para calificar para el Programa Principal para Personas con Discapacidades No Mayores, uno de los miembros del hogar debe ser una persona no anciana con discapacidades./Byenveni nan pwosesis entèvyou Homestead Housing Authority. Pou kalifye pou pwogram Endikap pou moun ki pa granmoun aje, yon manm nan kay la dwe yon moun ki pa granmoun aje ki gen andikap:

1) Eligible Family is one composed of one or more non-elderly persons with disabilities, which may include additional members who are not non-elderly persons with disabilities. A family where the sole member is an emancipated minor is not an eligible family./ 1) Familia elegible es aquella compuesta por una o más personas no ancianas con discapacidades, que pueden incluir miembros adicionales que no son personas no ancianas con discapacidades. Una familia en la que el único miembro es un menor emancipado no es una familia elegible./1) Fanmi ki kalifye se youn ki konpoze de youn oswa plis moun ki pa granmoun aje ki gen andikap, ki ka gen ladan manm adisyonèl ki pa moun ki pa granmoun aje ki gen andikap. Yon fanmi kote sèl manm lan se yon minè emansipe se pa yon fanmi ki kalifye.

2) Non-elderly person with disabilities (for purposes of determining eligibility): A person 18 years of age or older and less than 62 years of age, and who:/2) Persona no anciana con discapacidades (para determinar la elegibilidad): una persona de 18 años de edad o mayor y menor de 62 años de edad, y que:/2) Moun ki pa granmoun aje ki gen andikap (pou rezon pou detèmine elijibilite): Yon moun ki gen 18 an oswa plis ak mwens pase 62 an, epi ki:

- Has a disability, as defined in 42 U.S.C. 423;/ Tiene una discapacidad, como se define en 42 U.S.C. 423;/ Gen yon andikap, jan sa defini nan 42 U.S.C. 423;

- Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:/Se determina, de conformidad con las regulaciones de HUD, que tiene un impedimento físico, mental o emocional que:/Yo detèmine, dapre règleman HUD yo, pou yo gen yon andikap fizik, mantal, oswa emosyonèl ki:

Is expected to be of long-continued and indefinite duration;/Se espera que sea de duración prolongada e indefinida;/ Espere yo dwe nan dire long-kontinye ak endefini;

- Substantially impedes his or her ability to live independently, and/ Impedir sustancialmente su capacidad para vivir de forma independiente, y/ Anpil anpeche kapasite li oswa li pou viv poukont li, epi,

- Is of such nature that the ability to live independently could be improved by more suitable housing conditions; or/Es de tal naturaleza que la capacidad de vivir de forma independiente podría mejorarse mediante unas condiciones de vivienda más adecuadas;

Has a developmental disability as defined in 42 U.S.C. 6001./ Tiene una discapacidad del desarrollo según se define en 42 U.S.C. 6001/Gen yon andikap developman jan sa defini nan 42 U.S.C.6001

**The following documentation will be required for program eligibility: Documentation of Disability: This can be: Verification of Disability Form, or a current Benefit letter from SSA reflecting your disability status./Se requerirá la siguiente documentación para la elegibilidad del programa: Documentación de discapacidad: Puede ser: Formulario de verificación de discapacidad o una carta de beneficios actual de la SSA que refleje su estado de discapacidad./Dokiman sa yo ap obligatwa pou kalifikasyon pwogram lan: Dokimantasyon Enfimite: Sa kapab: Fòm pou Verifikasyon Enfimite, oswa yon lèt Benefis aktyèl SSA ki reflekte sityasyon andikap ou an.**

